

Fill in this Information to identify the case:

Debtor 1 Sunset Point Condominium Owners Association Inc.
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Middle District of Alabama

Case number: 16-81278

RECEIVED

AUG 31 2022

United States Bankruptcy Court
Middle District of Alabama

FILED

AUG 31 2022

United States Bankruptcy Court
Middle District of Alabama

Form 1340 (12/19)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$ 2,861.25
Claimant's Name:	GUM FINANCIAL INC
Claimant's Current Mailing Address, Telephone Number, and Email Address:	PO BOX 953394 Lake Mary FL 32795 689-600-2766 info@gumfinancialinc.com

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

- ☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
Middle District of Alabama
131 Clayton Street
Montgomery, AL 36104

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: July 18 2022

Signature of Applicant

Natalia Kulikova for GUM FINANCIAL INC

Printed Name of Applicant

Address: PO Box 953394
Lake Mary FL 32795

Telephone: 689-600-2766

Email: info@gumfinancialinc.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF Florida

COUNTY OF St. Johns

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this 18th day of July, 2022 by

Natalia Kulikova
who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public Jennifer E. Grose

My commission expires:

5/18/25

6. Notarization

STATE OF _____

COUNTY OF _____

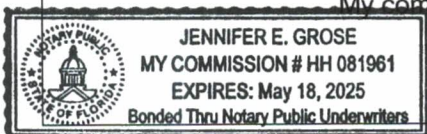
This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public _____

My commission expires:



CERTIFICATE OF SERVICE

In accordance with 28 U.S.C. § 2042, the undersigned hereby certifies that on the date designated below, a true and correct copy of the foregoing application with all required documentation was mailed to:

United States Attorney for the Middle District of Alabama
131 Clayton Street
Montgomery, AL 36104

Names and addresses of all other parties served:

Frank & Nancy Chalker, 25 North Ridge, Alexander City AL 35010

Sunset Point, PO Box 36, Dadeville AL 36853

Earl Gillian Jr, PO Box 440, Wetumpka AL 36092

Cecil Tipton Jr, 606 Avenue A, Opelika AL 36801

Date: August 27, 2022



Signature

Natalia Kulikova

Name Printed

PO Box 953394

Street or P.O. Box

Lake Mary FL 32795

City, State, and Zip Code